

Part 5

Pharmacy Benefits Manager Act

49-20-501 Title.

This part is known as the "Pharmacy Benefits Manager Act."

Enacted by Chapter 83, 2011 General Session

49-20-502 Definitions.

As used in this part:

- (1) "Health benefit plan" means:
 - (a) a health benefit plan as defined in Section 31A-1-301; or
 - (b) a health, dental, medical, Medicare supplement, or conversion program offered under Title 49, Chapter 20, Public Employees' Benefit and Insurance Program Act.
- (2) "Pharmacist" is as defined in Section 58-17b-102.
- (3) "Pharmacy" is as defined in Section 58-17b-102.
- (4) "Pharmacy benefits management service" means any of the following services provided to a health benefit plan, or to a participant of the health benefit plan:
 - (a) negotiating the amount to be paid by a health benefit plan for a prescription drug; or
 - (b) administering or managing prescription drug benefits provided by the health benefit plan for the benefit of a participant of the health benefit plan, including:
 - (i) mail service pharmacy;
 - (ii) specialty pharmacy;
 - (iii) claims processing;
 - (iv) payment of a claim;
 - (v) retail network management;
 - (vi) clinical formulary development;
 - (vii) clinical formulary management services;
 - (viii) rebate contracting;
 - (ix) rebate administration;
 - (x) a participant compliance program;
 - (xi) a therapeutic intervention program;
 - (xii) a disease management program; or
 - (xiii) a service that is similar to, or related to, a service described in Subsection (4)(a) or (4)(b)(i) through (xii).
- (5) "Pharmacy benefits manager" means a person that provides a pharmacy benefits management service to a health benefit plan.
- (6) "Pharmacy service" means a product, good, or service provided by a pharmacy or pharmacist to an individual.

Enacted by Chapter 83, 2011 General Session

49-20-503 Request for proposals for pharmacy benefits manager for Public Employees' Benefit and Insurance Program.

- (1) When the board issues a request for proposals for a pharmacy benefits manager to provide pharmacy benefits management services for the program, the request for proposals shall:

- (a) require each responder to comply with the pharmacy audit provisions of Section 58-17b-622; and
 - (b) provide each responder with the option to include, among the billing options proposed, a billing option that complies with the requirements described in this section.
- (2) The billing option described in Subsection (1) shall require the pharmacy benefits manager to, on at least a monthly basis, submit to the board an invoice for all pharmacy services paid by the pharmacy benefits manager on behalf of the program since the last request for payment or reimbursement.
- (3) The invoice described in Subsection (2) shall state, as a separate item from any other amount:
- (a) the total amount due to the pharmacy benefits manager for all pharmacy services billed in the invoice; and
 - (b) the total amount paid by the pharmacy benefits manager for the same pharmacy services for which payment is sought in that invoice.

Amended by Chapter 265, 2012 General Session